

Work History

Give present or most recent position first, information must be complete and accurate.

Can we contact your current employer? Yes No

Company Name: _____ Address: _____

Phone: (____) _____ Supervisor's name and title: _____

Employment dates: From _____ To _____ Rate of Pay: _____ Position: _____

Major responsibilities: _____

Reason for leaving: _____

Company Name: _____ Address: _____

Phone: (____) _____ Supervisor's name and title: _____

Employment dates: From _____ To _____ Rate of Pay: _____ Position: _____

Major responsibilities: _____

Reason for leaving: _____

Company Name: _____ Address: _____

Phone: (____) _____ Supervisor's name and title: _____

Employment dates: From _____ To _____ Rate of Pay: _____ Position: _____

Major responsibilities: _____

Reason for leaving: _____

Have you ever been disciplined for absenteeism or tardiness? Yes No

What other special qualifications do you have not listed above? _____

Briefly state why you would like to work with our company: _____

US Military Service

Branch of Service: _____ From: _____ To: _____

Describe any special training: _____

Important, please read carefully

I understand that to be employed I must be lawfully authorized to work in the United States and be able to show the employer documents to prove this.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, requested about me, and I release them from all liability for damage in providing this information. I authorize the company to secure records regarding my criminal conviction history from the appropriate law enforcement agencies.

All of the information on this application and made in conjunction with this application is correct and true to the best of my knowledge. I understand that any false or misleading statement made by me in connection with this application or the failure to disclose any material information will be grounds for immediate dismissal.

In consideration of my employment, I agree to conform to the rules and regulations of this company, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative, other than the president/owner of the company, has any authority to enter into any agreement for employment any specified period of time., or to make any agreement contrary to foregoing.

Signature: _____

Date: _____

Thank you for your interest in our company!